DEPARTMENT OF FUELCE HEALTH AND WELFARE Private Registration District No. 3.5 Begister's No. 3.5 STATE FILE HUMBERS ON THE FILE HUMBERS PROV. 4/59 Rev.	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH \$\\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
No. 1966	DEPARTMENT OF PUBLIC HEALTH AND WELFARE 77 Primery Registration District No. 30 16 Registrat's No. 357 STATE FILE NUMBER								
Social County Cole administration of the cole administrat	DO NOT WRITE ON THIS STUB	B							
Date	1	 £]	- 1.	PLACE OF DEATH	' b' 'COUNTY - admission'	
NOSETIAL OF MARTY'S ROBITED. 1830 West Main Street 'val No 2 1830 West Main Street 'val West West West West West West West West	Rev. 4/59	S			i I		b. CITY (If outside corporate limits, give TOWNSHIP only) OR C. CITY OR	înside Limits	
NOSETIAL COMPLEX CONTRIBUTION ST. MARY'S BOBDITAL VIEW NO. 1830 West Main Street View No. 183	ام. ا	3				_	Jelierson City Jelierson City	eleou olta	
1	0269	lш	,	1			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR d. STREET ADDRESS		
3 7 4 / MRS JESSIS IAME ORCUTATION Day Year Married Never Married B. DATE OF BIRTH D. 1907 MRS JESSIS IAME ORCUTATION GOVERNOR PART DATE OF BIRTH D. 1907 MRS DATE OF BI	20269	Į.				_	INSTITUTION St. Mary's Hospital	West Main Street Yes No X	
MRS JESSIE IANE ORGITION DEATH Saphender 6, 1963 5 3					1	3			
S. SKX 6. COLOR OR RACE 7. Married 10. Morth Discovery 10. DOLOR STRING 10. SCHOOL STRING			1				MRS. JESSIE LANE ORCUTT	TH September 6, 1963	
Continue of the property of	_4 /		1			5	SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AG	E (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR	
Main Part	ا رے 5		1				Female White = 12-23-1880		
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JOHN LENE Sara Callie Plummer Charles Orcutt 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [if yes, give war or dates of service) No. No. CAUSE OF PART INC. DEATH WAS CAUSED BY IN- INMEDIATE CAUSE (a) LENGTH INC. DEATH WAS CAUSED BY IN- Which give rise to School State of services for line INMEDIATE CAUSE (a) Conditions, if any, which give rise to School State of services for line INMEDIATE CAUSE (a) DUE TO (c) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. If deceased was female was female was female conditions given in PART I (a) The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was female was female was female conditions given in PART I (a) The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was female was female conditions given in PART I (a) The part III. If deceased was female was femal		<u></u>			1	-13			
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TO STATE 19. WAS AUTOPSY PERFORMED; 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20c. INJURY 20c. INJURY 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20c. INJURY 20c. INJURY 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20c. INJURY 20c.		8 				중	FART III. OTHER STOTELL CONTROL OF THE PARTY		
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The state of the state of the best of my knowledge, from the causes stated. 20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from Death occurred at 22a, MARTINE 22b, ADDRESS 22b, ADDRESS 22c, DATE SIGNED 22c,		DWEN				CERTIF	PERFORMED?	ature of injury in PART I or PART I) of item 18.)	
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Buescher Memorial, Jefferson City, No. 7 September 1963 Marun Christies					ᇤ		DUI TOT DEFENDE IN LOCAL DEC. 196		
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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No		
working under my personal supervision.	Signed Vermon M. Morlon		
Signature of Student Embalmer			
	P. O. Address Mr.		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so setted.

If this body is not embalmed, fact should be so stated above.